

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/359809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		16				
73	1		1			
74	1		1			
75		1		1		
76	1		1			
77		1		1		
78		1		1		
79		1		1		
80	1		1			
81	1		1			
82	1		1			
83		1		1		
84	1		1			
85		1		1		
86		1		1		
87		1		1		
88		12		12		
89		14		14		
90		14		14		
91		14		14		
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7		7			
TOTAL DEP.	51		51			
TOTAL CLAIMS	58		58			

BEST AVAILABLE COPY